

Name  
in  
Full

## CERTIFICATE OF DEATH

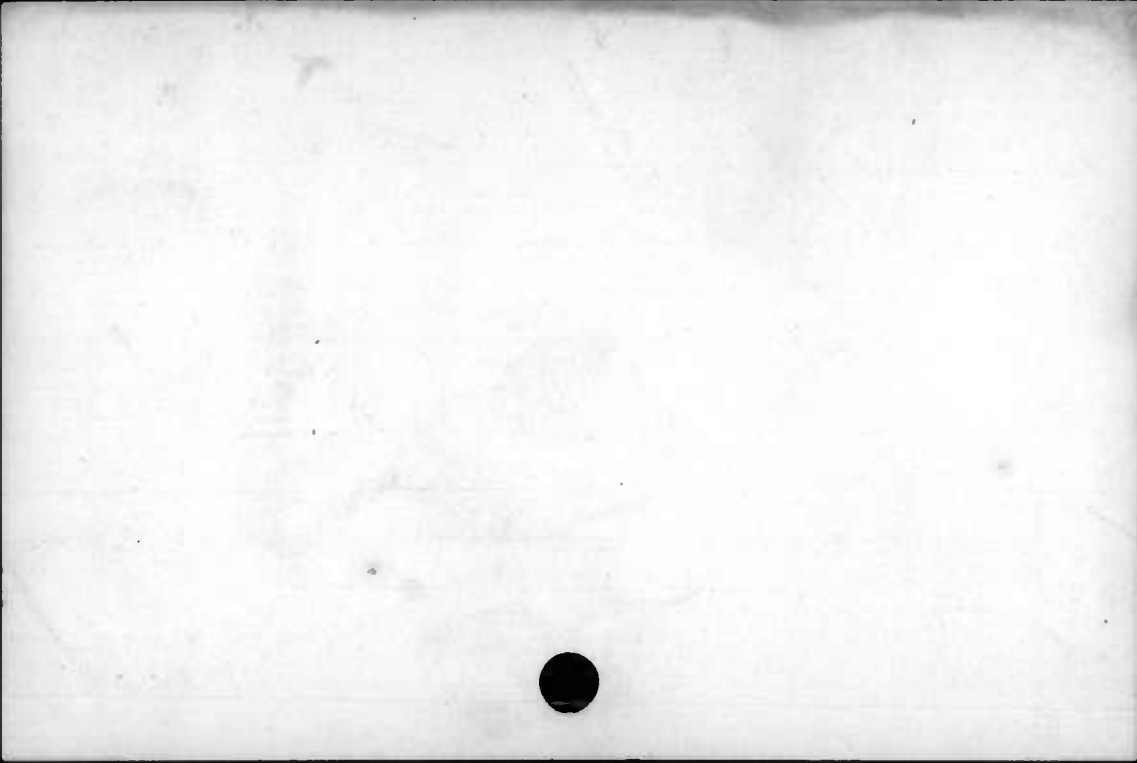
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Gurgle W. Allen</i>		Town <i>Cathey</i>		County <i>Cecil</i>		MARYLAND	
Died at <i>Cathey</i>		Month <i>Dec</i>		Day <i>1</i>		Age <i>16</i> Years <i>7</i> Months <i>7</i> Days <i>-</i>	
Date of death <i>1905</i>		Sex <i>Male</i>		Color or Race <i>Lebanese</i>		Birthplace <i>Cathey Md</i>	
Occupation		Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband					
Father's Name <i>Pat. Manning</i>		Father's Birthplace					
Mother's Maiden Name <i>Rebecca Allen</i>		Mother's Birthplace <i>Cathey</i>					
Name of person giving information <i>Rebecca Allen</i>		How related to deceased <i>Mother</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Gunshot wound in abdomen</i>	How long <i>9 days</i>
Immediate <i>Secondary Hemorrhage</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes.</i>	Signature of Physician <i>J. F. Brown M.D.</i>
	Address <i>Port Deposit, Md.</i>
Accident or Suicide? <i>accident</i>	



Name  
in  
Full

Robert Bessicks

## CERTIFICATE OF DEATH

MARYLAND

Died at Elkton <sup>Town</sup> Levitt <sup>County</sup>Date of death 1905 <sup>Month</sup> Dec <sup>Day</sup> 2 <sup>Years</sup> 17 <sup>Months</sup> 0 <sup>Days</sup> 0Sex Male Color or Race Colored Birth-place

Occupation Where Residing if not at place of death

Married, Single or Widowed Name of Wife or Husband

Father's Name Harry Bessicks Father's Birthplace IndMother's Maiden Name Antonia Thomas Mother's Birthplace LIName of person giving information Harry Bessicks How related deceased Father

## CAUSES OF DEATH

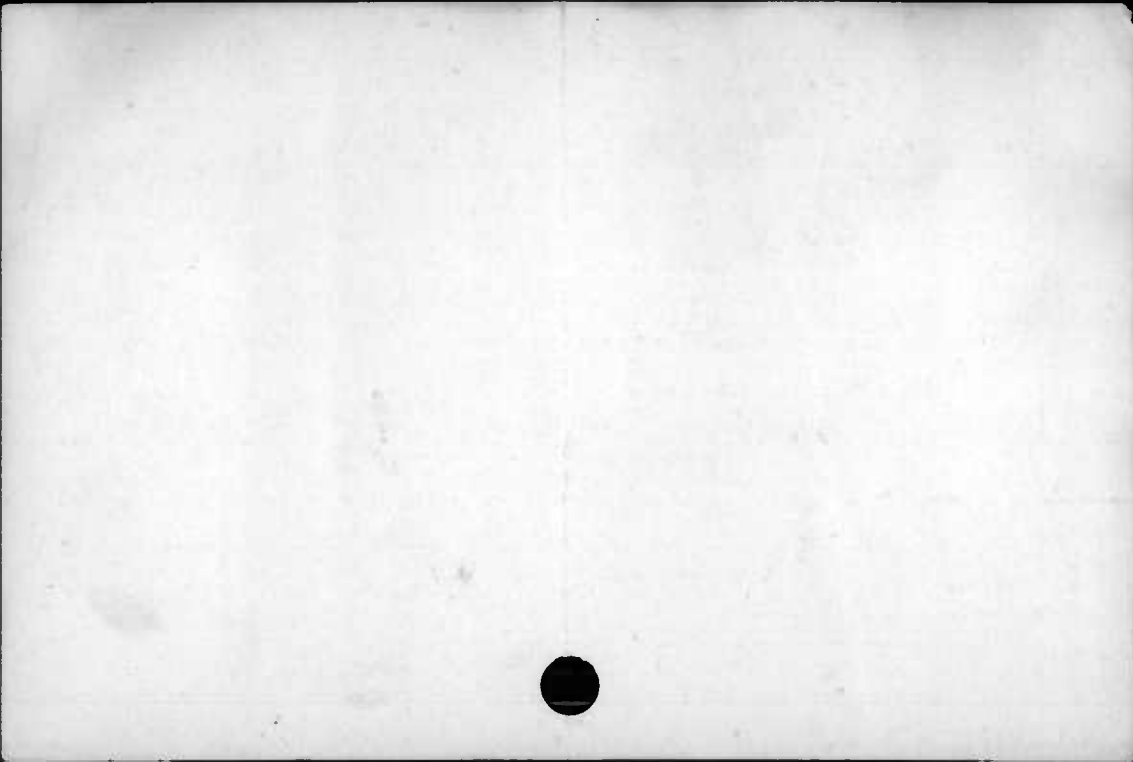
Primary Broncho Pneumonia How longImmediate Exhaustion How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician Wm. H. CawleyAddress ElktonInd.

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

No name

Boots (M. M.)

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Principis furnace</i>		Town		County		MARYLAND	
Date of death 190 <i>5</i>	Month <i>12</i>	Day <i>24</i>	Age <i>3 days</i>	Years	Months	Days	
Sex <i>Male</i>		Color or Race <i>white</i>		Birth-place <i>Principis furnace</i>			
Married, Single or Widowed <i>Single</i>				Occupation <i>None</i>			
Name of Wife or Husband <i>None</i>							
Father's Name <i>Geo Boots</i>				Father's Birthplace <i>Charleston</i>			
Mother's Maiden Name <i>Maggie Irwin</i>				Mother's Birthplace <i>Theodore</i>			
Name of person giving information <i>None</i>				How related to deceased <i>None</i>			

## CAUSES OF DEATH

Primary <i>Transition</i>	How long <i>151</i>
Immediate <i>11</i>	How long <i>None</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W. H. Brown</i>
	Address <i>Post deposit t.</i>
Accident or Suicide? <i>None</i>	

PHYSICIAN  
OR CORONER



Name  
in  
Full

Benjamin Borts

## CERTIFICATE OF DEATH

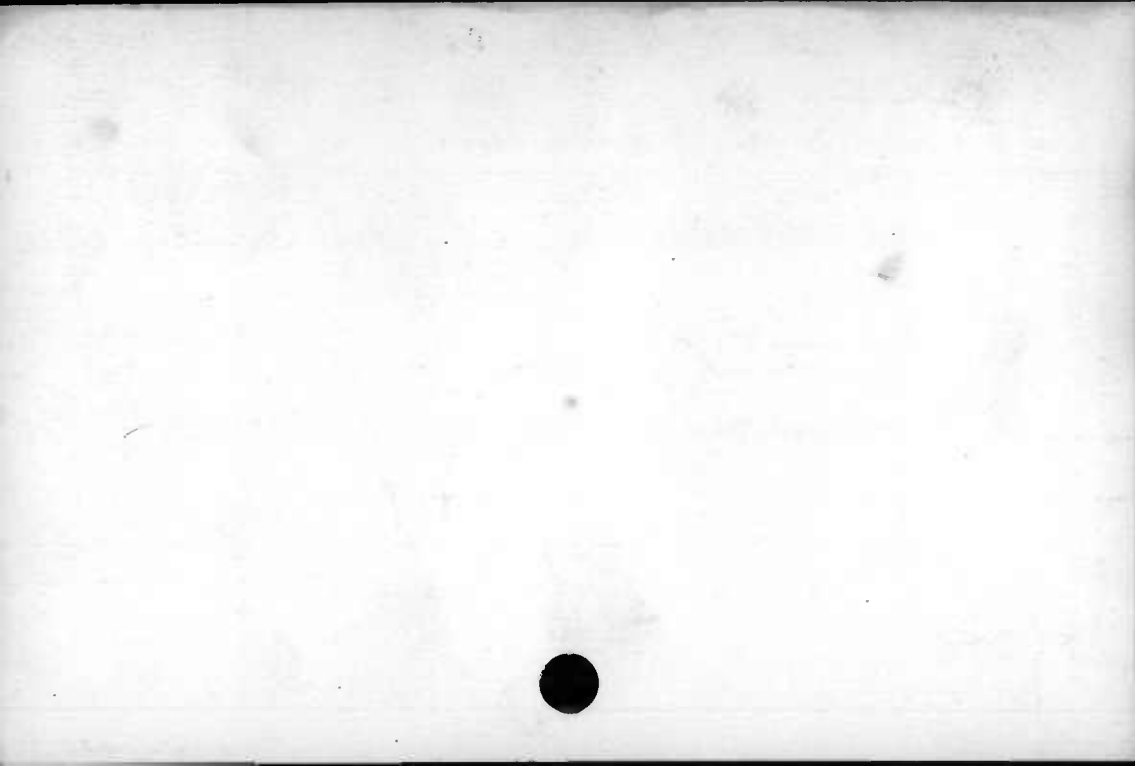
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Chesapeake City</i>		<i>Cecil</i>		TOWN		COUNTY		STATE	
Date of death		190	Month	12	Day	27	Age	94	Years
Sex		Male		Color or Race		White		Birthplace	
Occupation		Stone Mason		Where Residing if not at place of death		Chesapeake City, Md.			
Married, Single or Widowed		Widower		Name of Wife or Husband		—			
Father's Name		Wm Borts		Father's Birthplace		Delaware			
Mother's Maiden Name		Emily Mansfield		Mother's Birthplace		Del.			
Name of person giving information		Henry Borts		How related to deceased		Son			

## CAUSES OF DEATH

Primary	<i>Old Age</i>	How long	<i>(178)</i>
Immediate	<i>Found dead in bed</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>Wm. H. Harrison, M.D.</i>	
		Address	
		<i>Chesapeake City, Md.</i>	
Accident or Suicide?			

PHYSICIAN  
OR CORONER



Name  
in  
Full

Wm Clayton Coffey

## CERTIFICATE OF DEATH

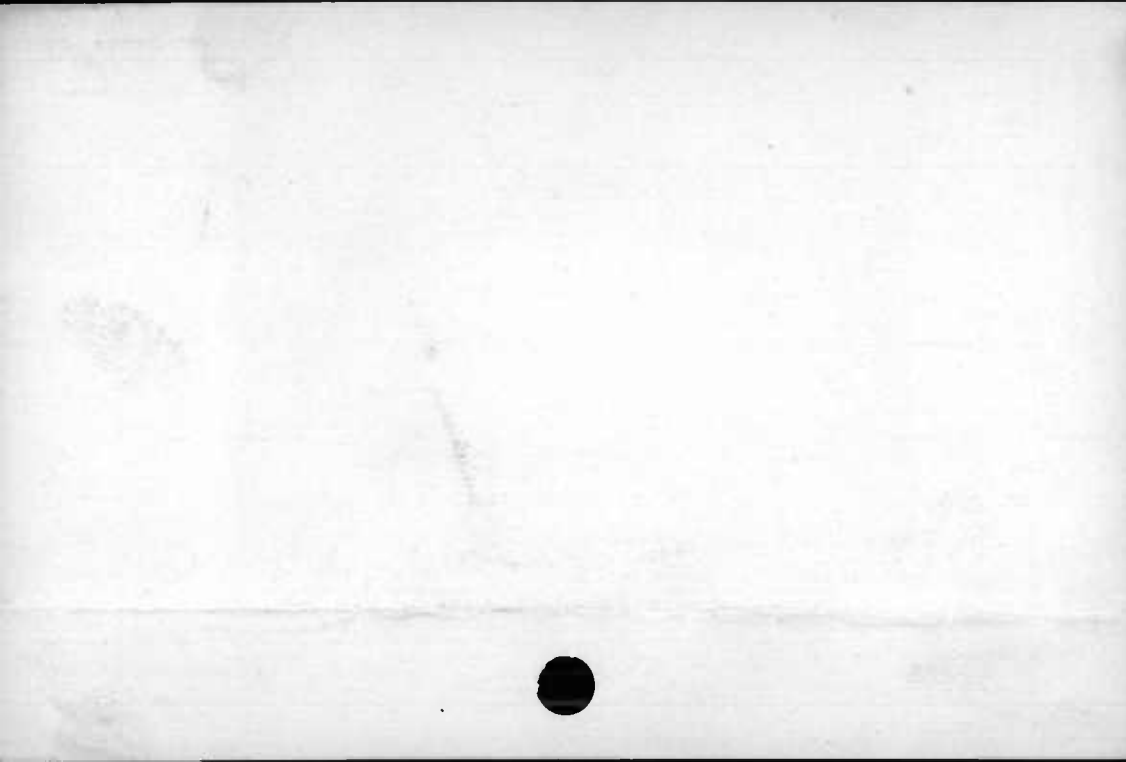
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town North East		County Cecil		MARYLAND	
Date of death		1905	Month Dec	Day 25	Age 57	Years	Months 3
Sex Male		Color or Race White		Birth- place Valley Forge Pa.			
Occupation Shipping Clerk		Where Residing if not at place of death North East, Md.					
Married, Single or Widowed Widower		Name of Wife or Husband Emma Jane					
Father's Name Wm Coffey		Father's Birthplace Valley Forge, Pa.					
Mother's Maiden Name Sarah Boyer		Mother's Birthplace Valley Forge, Pa.					
Name of person giving Information B. R. Wharton		How related to deceased Brother					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	How long
Immediate Hemorrhage of Stomach	7 days
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
Yes	Geo S. Rittenhouse
North East	Address Md.
Accident or Suicide?	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>North East</i> <sup>Town</sup>		County <i>Cecil</i>		MARYLAND	
Date of death <i>1905</i>	Month <i>Dec</i>	Day <i>13</i>	Age <i>64</i>	Years <i>May</i>	Months
Sex <i>male</i>	Color or Race <i>White</i>	Birth-place <i>Philadelphia</i>			
Occupation <i>Merchant</i>	Where Residing if not at place of death <i>North East</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Elizabeth Hunslop</i>				
Father's Name <i>John Hunslop</i>	Father's Birthplace <i>don't no</i>				
Mother's Maiden Name <i>don't no</i>	Mother's Birthplace <i>don't no</i>				
Name of person giving information <i>Elizabeth Hunslop</i>	How related to deceased <i>Wife</i>				

## CAUSES OF DEATH

Primary

Immediate

Are the name, age, sex, color, date and place correctly given above?

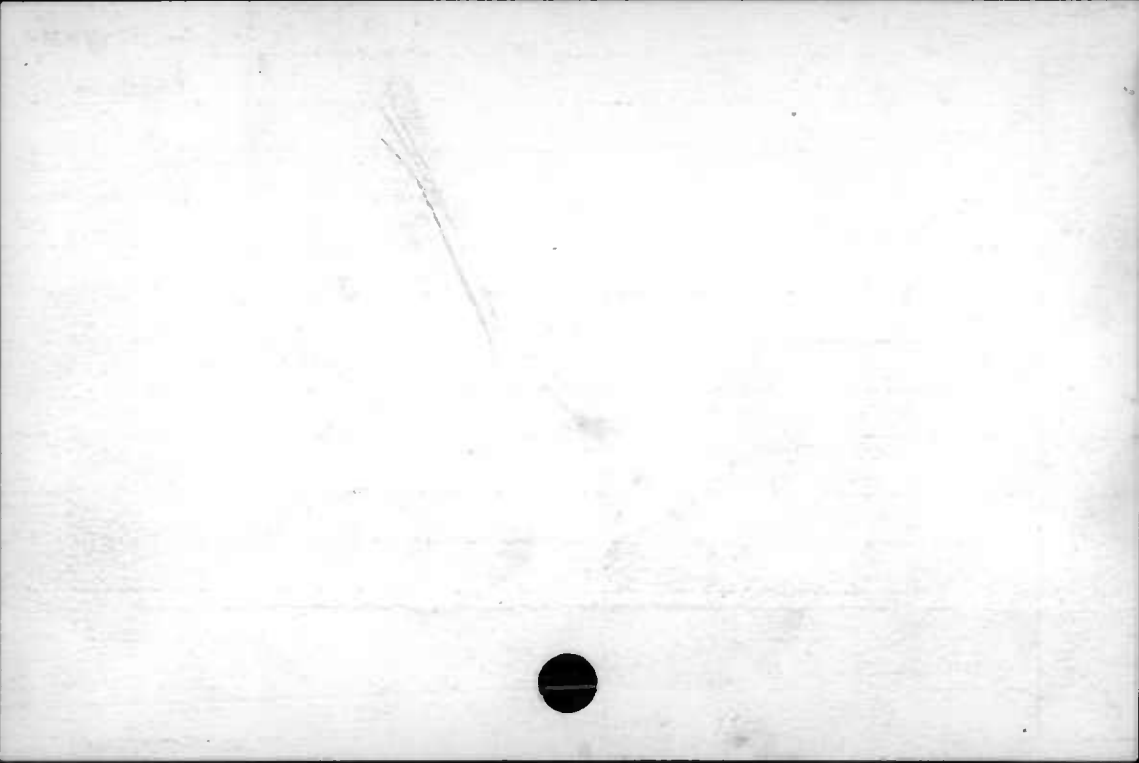
Signature of Physician

Address

Accident or Suicide?

How long

How long



Name  
in  
Full

## CERTIFICATE OF DEATH

MARYLAND

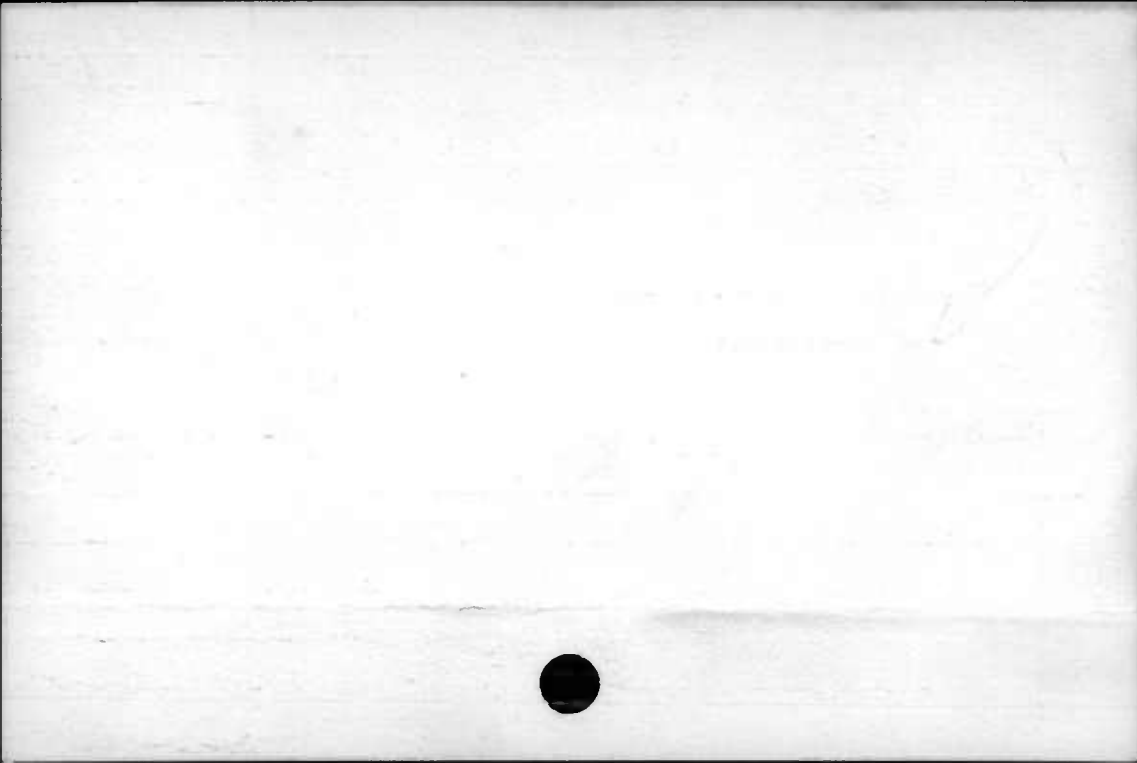
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Joseph D. Ford</i>		Town <i>Elkneek</i>		County <i>Cecil</i>	
Died at <i>Elkneek</i>		Date of death Month <i>Dec</i> Day <i>21</i> Year <i>1905</i>		Age <i>57</i> Months <i>11</i> Days <i>1</i>	
Sex <i>Male</i>		Color or Race <i>Black</i>		Birth-place <i>Ind</i>	
Occupation <i>Laborer</i>		Where Residing if not at place of death <i>Elkneek</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband			
Father's Name <i>A</i>		Father's Birthplace <i>don't know</i>			
Mother's Maiden Name <i>X</i>		Mother's Birthplace <i>don't know</i>			
Name of person giving information <i>Sam J. Ford</i>		How related to deceased <i>Son</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Dropsy (General)</i>	How long <i>3 yrs</i>
Immediate <i>Heart Failure</i>	How long <i>3 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Geo S Rittenhouse</i>
<i>North East</i>	Address <i>Ind</i>
Accident or Suicide? <i>No</i>	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Port-Deposit</i> <sup>town</sup> <i>Cecil</i> <sup>County</sup>		MARYLAND			
Date of death <i>1905</i>	Month <i>12</i>	Day <i>8</i>	Years <i>—</i>	Months <i>3</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Port-Deposit</i>			
Occupation		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <i>Geo E Fruit</i>		Father's Birthplace <i>Port-Deposit</i>			
Mother's Maiden Name <i>Hannetta M Cullough</i>		Mother's Birthplace <i>" "</i>			
Name of person giving information <i>Hannetta Fruit</i>		How related to deceased <i>brother</i>			

## CAUSES OF DEATH

Primary <i>Inanition</i>	How long <i>2 hrs</i>
Immediate <i>—</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>S. G. Fisher</i>
	Address <i>Port-Deposit, Md.</i>
<del>Accident or Suicide?</del>	

PHYSICIAN  
OR CORONER



Name in Full *Evelyn A. Furness*

CERTIFICATE OF DEATH

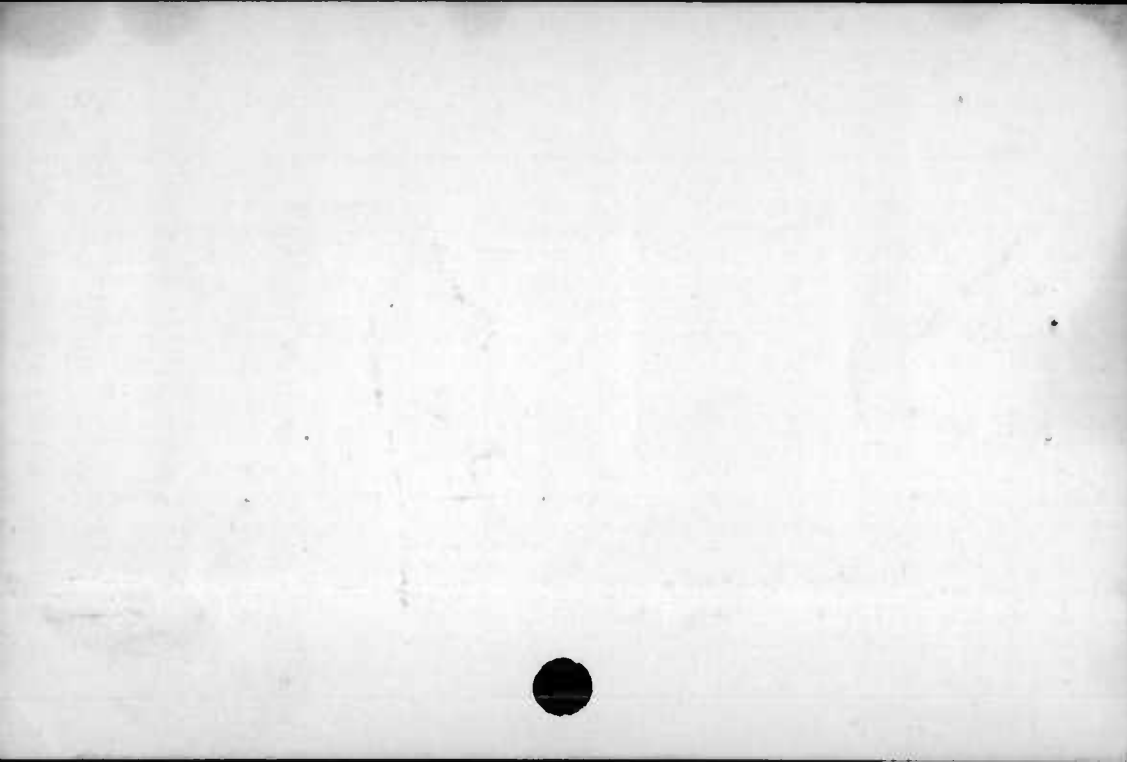
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Roxbury</i> Town		<i>Cecil</i> County		MARYLAND	
Date of death	<i>1905</i> Month <i>12</i>	Day <i>19</i>	Age <i>76</i> Years	Months	Days
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Pa Chester Co.</i>		
Occupation <i>Housewife</i>	Where Residing if not at place of death <i>Roxbury Am Ind.</i>				
Married, Single or Widowed <i>married</i>	Name of Wife or Husband <i>Gordon</i>				
Father's Name <i>J. Hargan</i>	Father's Birthplace <i>Cecil</i>				
Mother's Maiden Name <i>White</i>	Mother's Birthplace <i>"</i>			<i>"</i>	
Name of person giving information <i>Gordon Furness</i>	How related to deceased				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Heart neuralgia</i>	How long
Immediate <i>—</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dr J.B. Baker</i>
	Address
Accident or Suicide?	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Joseph Hughes</i>				Town <i>near Ches City</i>		County <i>Becil</i>		MARYLAND	
Date of death 190 <i>5</i>		Month <i>12</i>	Day <i>2</i>	Age <i>X</i>		Months <i>2</i>		Days <i>X</i>	
Sex <i>Male</i>			Color or Race <i>Colord</i>			Birth-place <i>Near Ches City</i>			
Married, Single or Widowed _____				Occupation _____					
Name of Wife or Husband _____									
Father's Name <i>Joseph Hughes</i>						Father's Birthplace <i>Becil Co, Md</i>			
Mother's Maiden Name <i>Sallic Hogans</i>						Mother's Birthplace " " "			
Name of person giving information <i>Joseph Hughes</i>						How related to deceased <i>Father</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Tuberculosis</i>	How long <i>27</i>	How long <i>Since birth</i>
Immediate <i>Tuberculosis</i>		
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. J. Conney MD</i>	
	Address <i>Chesapeake Beach Maryland</i>	
Accident or Suicide?		



Name  
in  
Full

James Johnson

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

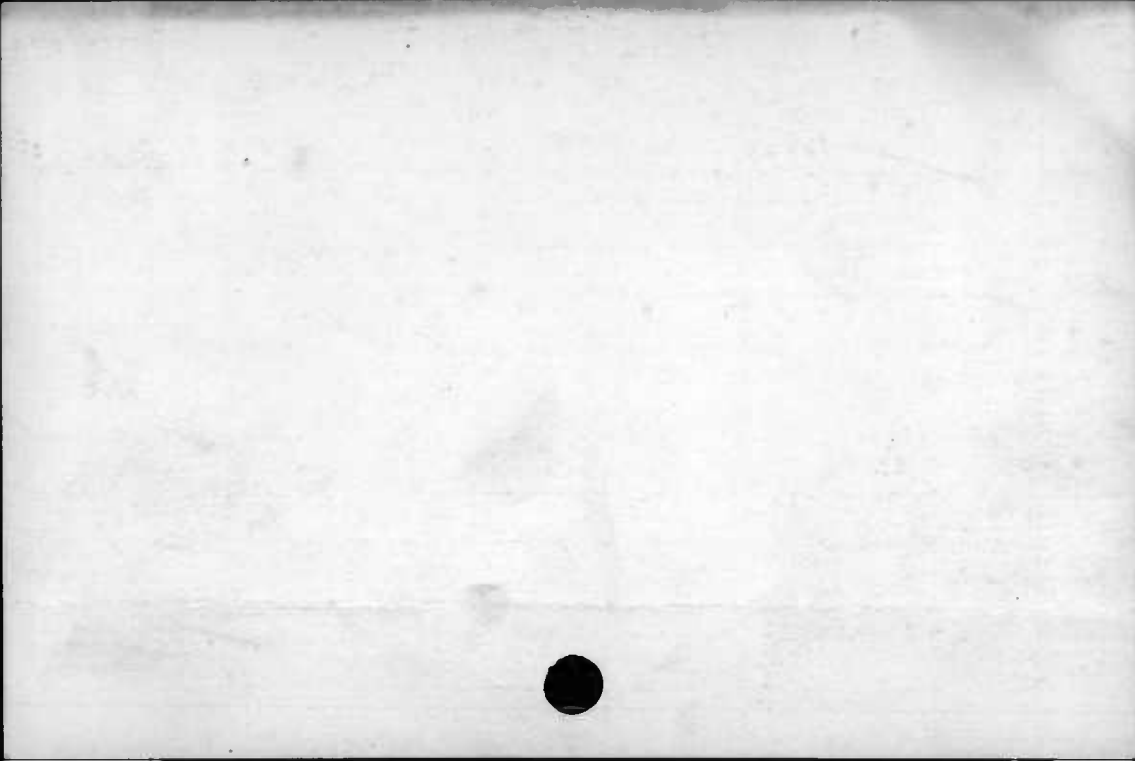
MARYLAND

Died at <i>Elk Neck</i> <small>Town</small>		<i>Cecil</i> <small>County</small>			
Date of death <i>1905</i>	<i>Dec</i> <small>Month</small>	<i>13</i> <small>Day</small>	Age <i>23</i> <small>Years</small>	<i></i> <small>Months</small>	<i></i> <small>Days</small>
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birthplace <i>Elk Neck</i>		
Occupation <i>Fisherman</i>			Where Residing if not at place of death <i>Elk Neck</i>		
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband				
Father's Name <i>David James Johnson</i>	Father's Birthplace <i>Elk Neck</i>				
Mother's Maiden Name <i>Ellen Robinson</i>	Mother's Birthplace <i>Elk Neck</i>				
Name of person giving information <i>Brother Fred D. Johnson</i>			How related to deceased <i>Brother</i>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Tuberculosis (Pulmonary)</i>	How long <i>5 mos</i>
Immediate <i>Starvation</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Geo S Rittenhouse</i>
<i>North East</i>	Address <i>Md</i>
<del>Accident or Suicide?</del>	



Name  
in  
Full

Louis G. Mayhew

## CERTIFICATE OF DEATH

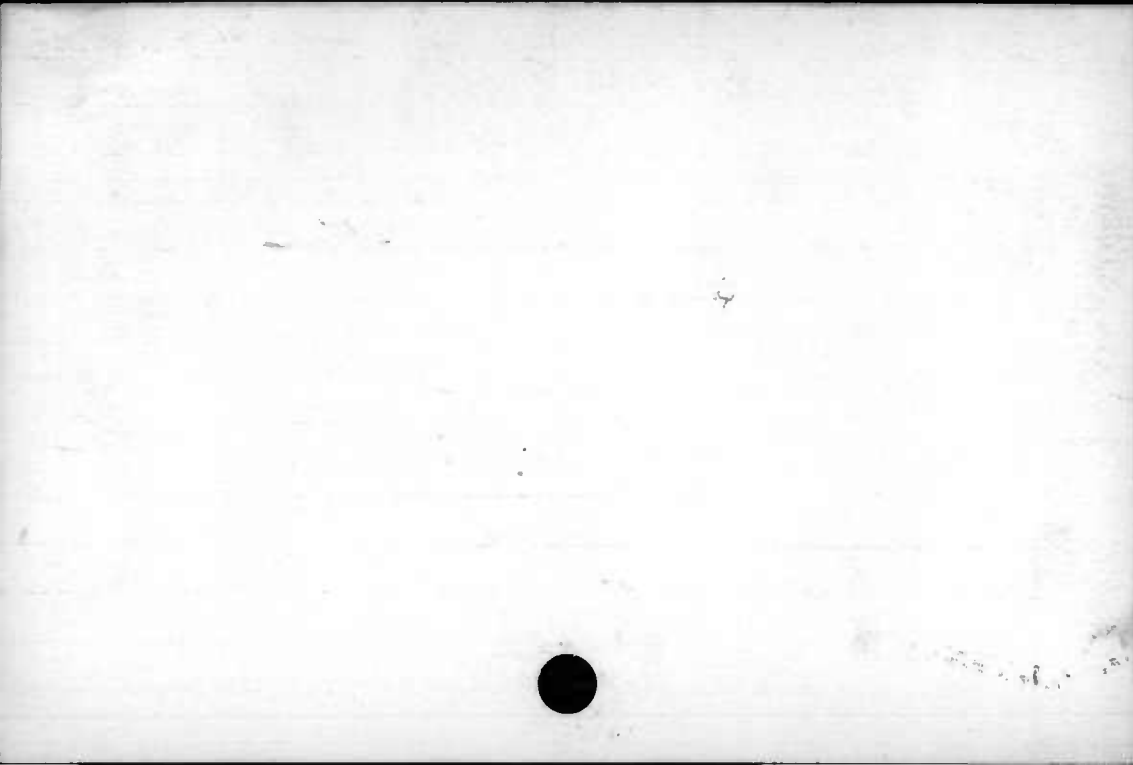
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Port-Harman</i> <small>Town</small>		<i>Cecil</i> <small>County</small>		MARYLAND	
Date of death <i>190</i>	Month <i>12</i>	Day <i>4</i>	Age <i>23</i> <small>Years</small>	Months <i>10</i>	Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Port-Harman</i>		
Occupation <i>Labore</i>	Where Residing if not at place of death <i>Port-Harman</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>—</i>				
Father's Name <i>Joseph Mayhew</i>	Father's Birthplace <i>Phila. Penn</i>				
Mother's Maiden Name <i>Margret Roberts</i>	Mother's Birthplace <i>Maryland</i>				
Name of person giving information <i>Joseph Mayhew</i>	How related to deceased <i>Father</i>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Typhoid Fever</i>	How long <i>44 days</i>
Immediate <i>Contaminated from perforated bowel &amp; hemorrhage</i>	How long <i>8 hours</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Wm C Karsner</i>
	Address <i>Chesapeake City Md</i>
Accident or Suicide?	



Name  
in  
Full

Louis J Mayhew

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> Port Hermon

<sup>County</sup> Cecil

MARYLAND

Date of death 190 ~~8~~ 12

Day 4

Age Years 23

Months 10

Days

Sex Male

Color or Race White

Birth-place Port Hermon

Occupation Laborer

Where Residing if not at place of death

Port Hermon

~~Married, Single~~  
or Widowed

Name or Wife or Husband

Father's Name Joseph Mayhew

Father's Birthplace Phila

Mother's Maiden Name Margaret A Roberts

Mother's Birthplace Maryland

Name of person giving In formation J Mayhew

How related to deceased Father

CAUSES OF DEATH

11

PHYSICIAN  
OR CORONER

Primary Typhoid Fever

How long 6 weeks

Immediate Peritonitis perforated bowel

How long X

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician W C Turner

Address

Accident or Suicide?

This Certificate was  
handed me this month  
by Mr. Karsner, he thought  
he had given it to me.

Name  
in  
Full

Augusta Megee

## CERTIFICATE OF DEATH

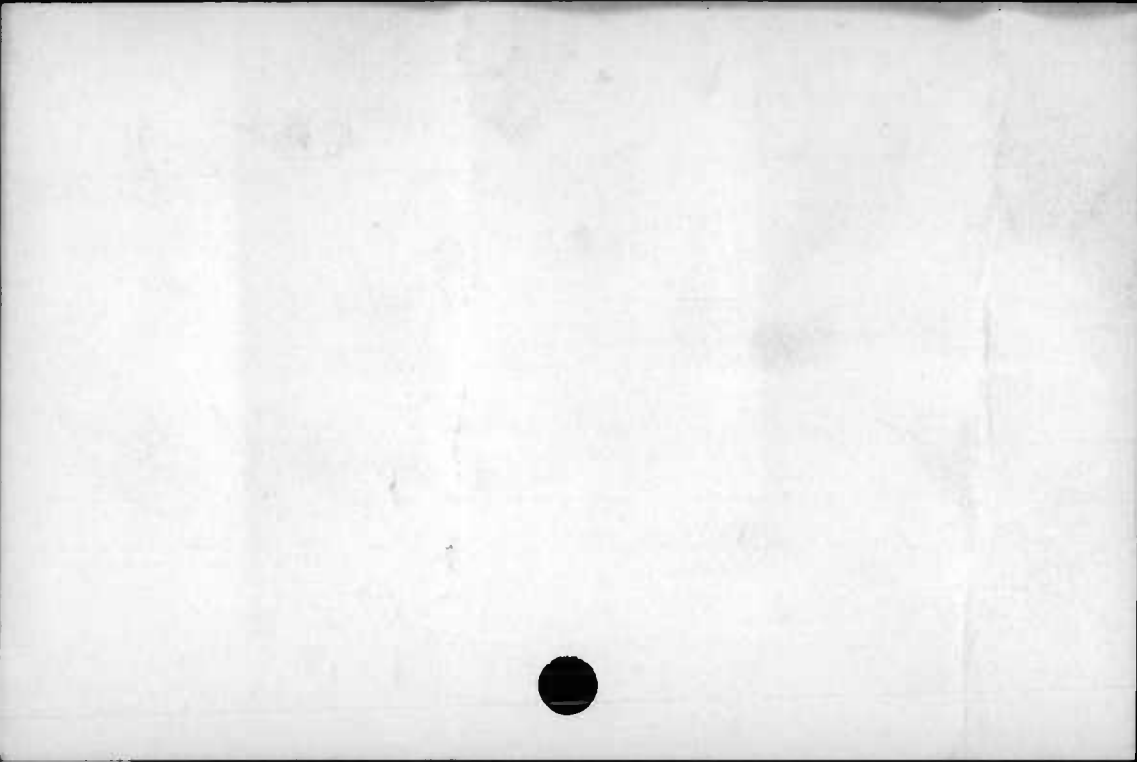
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Cecil Co</i> <i>Cecil</i> County		MARYLAND	
Date of death <i>1901</i>	Month <i>12</i>	Day <i>29</i>	Age <i>71</i> Years
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Cecil Co, Md</i>	
Occupation		Where Residing if not at place of death	
<del>Married</del> Single or <del>Widowed</del>		Name of Wife or Husband	
Father's Name <i>James Megee</i>		Father's Birthplace <i>Md.</i>	
Mother's Maiden Name <i>Ann Elizabeth Hedney</i>		Mother's Birthplace <i>Md.</i>	
Name of person giving information <i>Augusta W. Revelle</i>		How related to deceased <i>Neice</i>	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Cerebral Hemorrhage</i> <i>(H)</i>	How long	<i>Seven days</i>
Immediate	<i>"</i>	How long	<i>"</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>E. N. Crawford</i>	
		Address	
		<i>Cecil Co</i>	
		<i>Md</i>	
Accident or Suicide?			



Name  
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Full

*Delia S. Moore*

CERTIFICATE OF DEATH

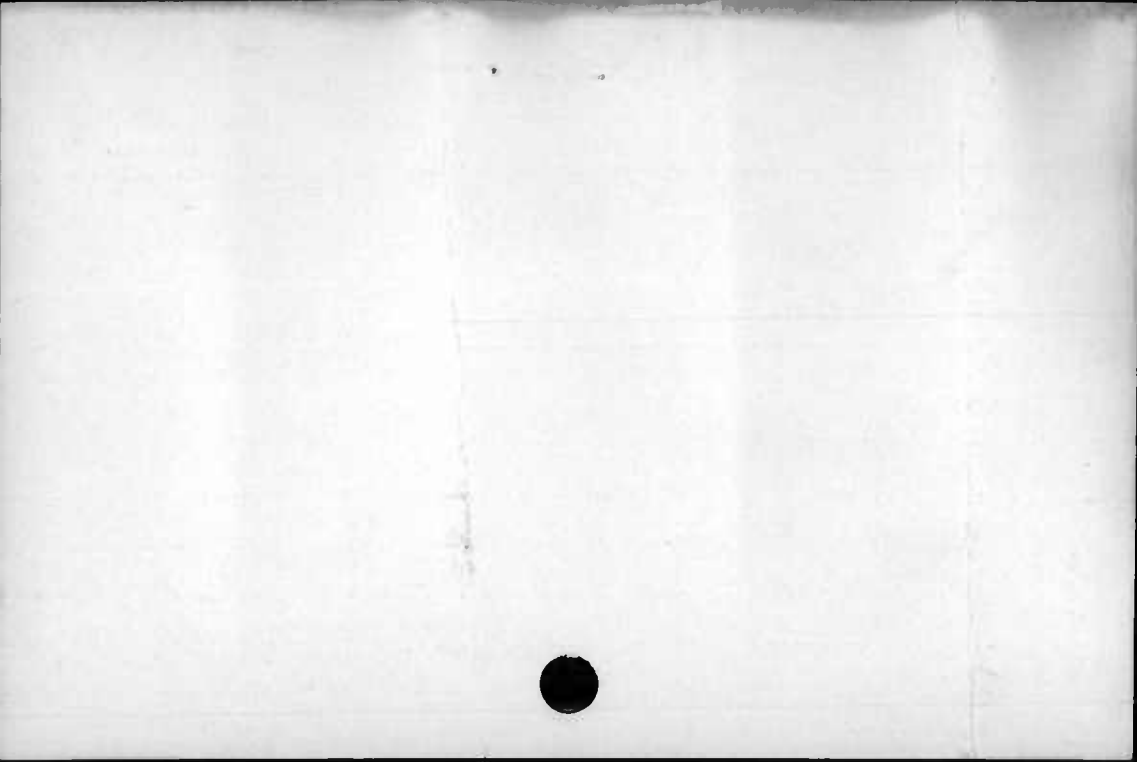
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Cecil</i> <sup>Town</sup>		County		MARYLAND									
Date of death	1905	Month	12	Day	9	Age	49	Years		Months		Days	
Sex	<i>Female</i>		Color or Race	<i>Black</i>		Birth-place	<i>Cecil Co. Md</i>						
Occupation	<i>House Wife</i>				Where Residing if not at place of death								
Married, Single or Widowed			Name of Wife or Husband	<i>George H. Moore</i>									
Father's Name	<i>George Moore</i>					Father's Birthplace	<i>Md</i>						
Mother's Maiden Name						Mother's Birthplace							
Name of person giving information	<i>George H. Moore</i>					How related to deceased	<i>Husband</i>						

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Hemiplegia of the left side</i>		How long	<i>(H)</i>
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>E. H. Crawford, M.D.</i>		
		Address <i>12-9-1905 (M.M.)</i>		
Accident or Suicide?				



Name  
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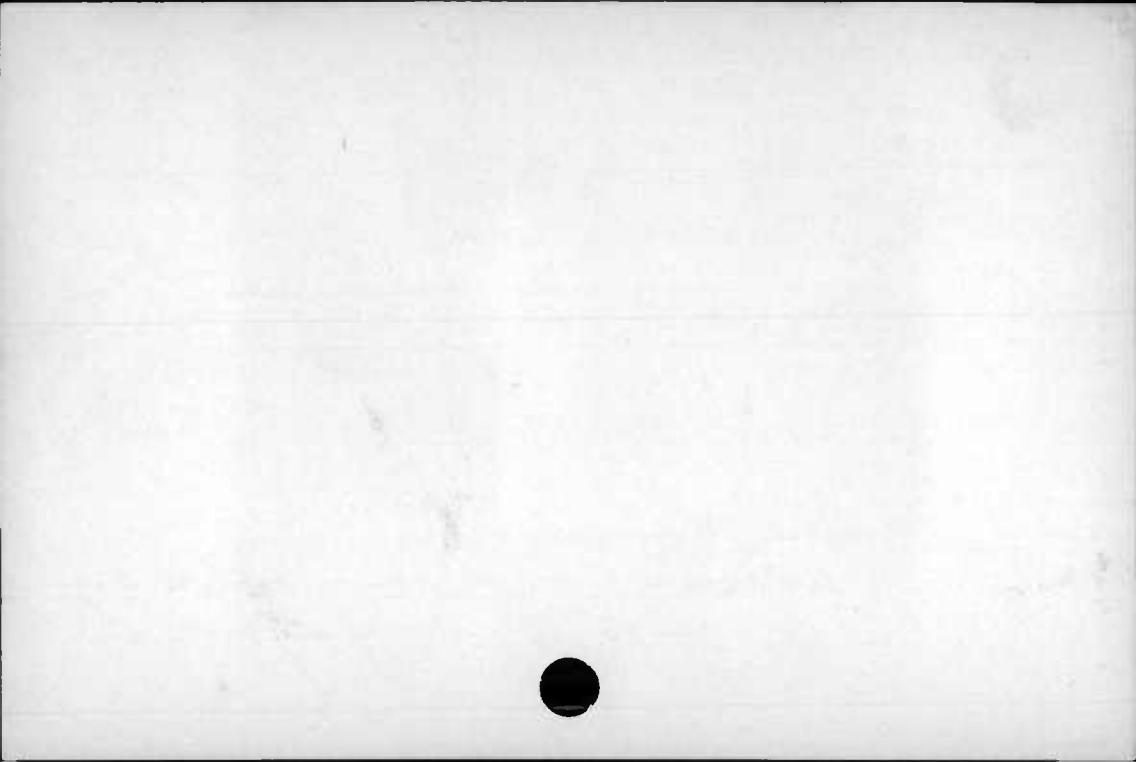
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Perryville</i>		County <i>Cecil</i>		MARYLAND	
Date of death		Month <i>12</i>	Day <i>10</i>	Age <i>don't know age - grown man</i>	Years	Months	Days
Sex <i>Male</i>		Color or Race <i>White</i>		Birth- place <i>U.S.</i>			
Occupation <i>Laborer</i>				Where Residing if not at place of death <i>Working at P.ville.</i>			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband					
Father's Name						Father's Birthplace	
Mother's Maiden Name						Mother's Birthplace	
Name of person giving Information						How related to deceased	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Pneumonia</i>	How long <i>Short</i>
Immediate <i>Cardiac Complications</i>	How long <i>Short</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>L. G. Taylor</i>
	Address <i>Perryville, Md.</i>
Accident or Suicide?	



Name  
in  
Full

Eliza Ritchie

## CERTIFICATE OF DEATH

MARYLAND

Died at *Albinstown*

Town

*Lucas*

County

Date  
of death *1905*

Month

*Dec.*

Day

*4.*

Age

Years

*68*

Months

Days

Sex

*Female*Color or  
Race*White*Birth-  
place*Ind.*

Occupation

*House Wife*Where Residing if not  
at place of death*Albinstown*Married, Single  
or Widowed*Married*Name of Wife or  
Husband*William Ritchie*Father's  
Name*Do not know*Father's  
Birthplace*Do not know*Mother's  
Maiden Name*Do not know*Mother's  
Birthplace*" " "*Name of person giving  
information*Mr. John Mackay*How related  
to deceased*No related*

## CAUSES OF DEATH

Primary

*Enteritis*

How long

*About two months*

Immediate

*"*

How long

Are the name, age, sex, color, date  
and place correctly given above?*Yes.*Signature of  
Physician*Chas. F. Miller*

Address

*North East, Ind.*

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

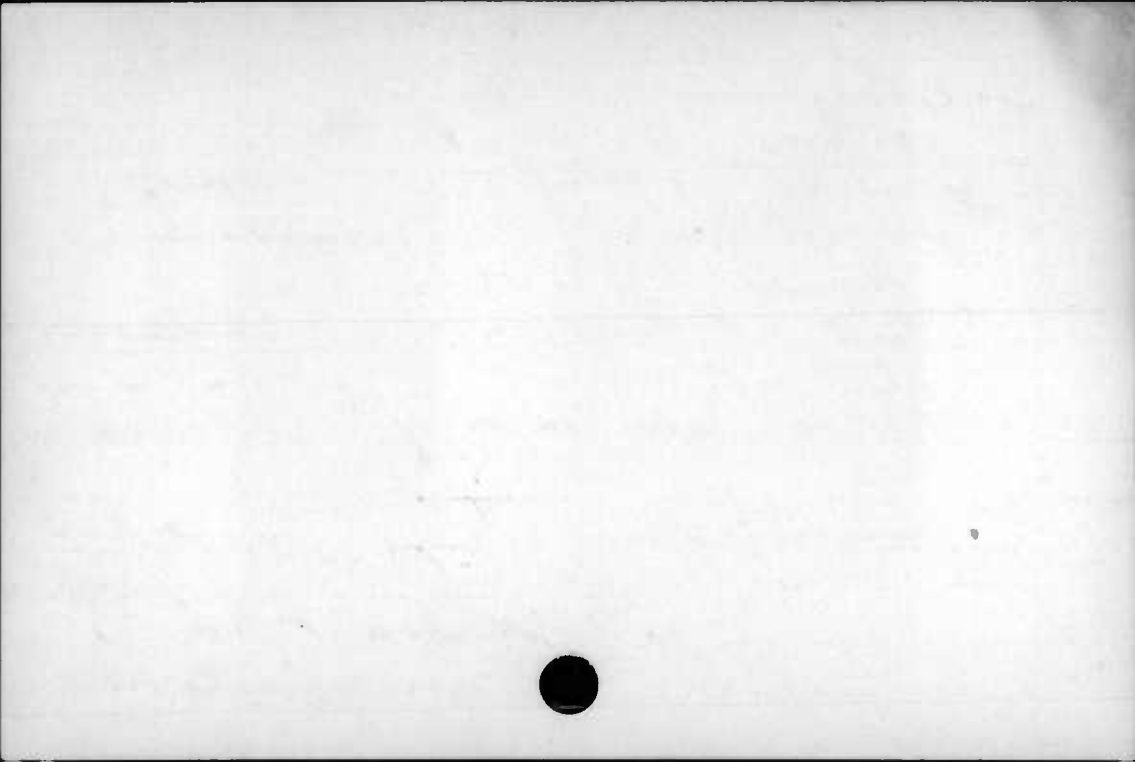
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Name in Full <b>Louisa J. Ricketts</b>		CERTIFICATE OF DEATH	
Died at Town <b>Near Elkton</b>		County <b>Cecil</b>	
Date of death <b>1905</b>		Month <b>12</b> Day <b>16</b> Age <b>77</b>	
Sex <b>Female</b>		Color or Race <b>White</b>	
Occupation <b>House Wife</b>		Where Residing if not at place of death <b>—</b>	
Name of Wife or Husband <b>Geo. Ricketts, dec'd</b>		Father's Birthplace <b>Ind</b>	
Mother's Maiden Name <b>Margaret Beaul</b>		Mother's Birthplace <b>Ind</b>	
Name of person giving information <b>Margaret Ricketts</b>		How related to deceased <b>Daughter</b>	
CAUSES OF DEATH			
Primary <b>Cerebral Hemorrhage</b>		How long <b>10 days</b>	
Immediate <b>asthenia</b>		How long <b>Several days</b>	
Are the name, age, sex, color, date and place correctly given above? <b>yes</b>		Signature of Physician <b>Howard Branton</b>	
		Address <b>Elkton Md</b>	
Accident or Suicide?			

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



Name in Full		Virginia A Louachstone				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Port Deposit		County Cecil		MARYLAND	
	Date of death	90	Month 5	Day 12	Age 77	Years —	Months —
	Sex	Female		Color or Race	White		Birth- place
	Occupation	Housekeeping		Where Residing if not at place of death			
	Married, Single or Widowed	Widowed		Name of Wife or Husband		—	
	Father's Name	Hazelte Owens				Father's Birthplace	Perryville
	Mother's Maiden Name	Ann Webb				Mother's Birthplace	—
Name of person giving information	Edith Cochran				How related to deceased	Niece	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Tuberculosis				How long	1 year
	Immediate	—				How long	—
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		
					Address Port Deposit, Md.		
<div style="display: flex; justify-content: space-between;"> <span>Accident or Suicide?</span> <span>LIBRARY BUREAU A88516</span> </div>							



Name  
in  
Full

*Alexander Trimble*

*8th Dec*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <i>Pilot</i> Town		<i> Cecil </i> County			
Date of death <i>1905</i>	Month <i>12</i>	Day <i>7</i>	Years <i>65</i>	Months <i>2</i>	Days
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Lancaster, Pa.</i>	
Occupation <i>Laborer</i>			Where Residing if not at place of death		
Married, <del>single</del> <i>married</i>		Name of Wife or <del>Husband</del> <i>Margaret Hoffman.</i>			
Father's Name <i>George W. Trimble.</i>			Father's Birthplace <i>Lancaster, Pa.</i>		
Mother's Maiden Name <i>Hannah M. Cullough.</i>			Mother's Birthplace <i>Cecil Co. Md.</i>		
Name of person giving information <i>Hannah Trimble</i>			How related to deceased <i>Daughter.</i>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Abscess of right hand - Cellulitis of wrist + fore arm -</i>	How long <i>18 days</i>
Immediate <i>Septic Pneumonia</i>	How long <i>9. days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>S. J. Roman</i>
	Address <i>Cronowing Co. Md.</i>
<i>Accident or Suicide?</i>	

~~444~~

Mount Home

Name in Full		Marshall Wier				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at <sup>Town</sup> West Nottingham		County Cecil		MARYLAND	
		Date of death 1905 12 14		Age 65		Months — Days —	
		Sex Male		Color or Race White		Birth-place	
		Occupation Machinist		Where Residing if not at place of death Pittsburg Pa			
		Married, Single or Widowed		Name of Wife or Husband dec'd			
PHYSICIAN OR CORONER		Father's Name Matthew Wier				Father's Birthplace	
		Mother's Maiden Name Susan Gunna				Mother's Birthplace	
		Name of person giving information				How related to deceased	
		CAUSES OF DEATH					
PHYSICIAN OR CORONER		Primary Tuberculosis of Lungs				How long 9 months	
		Immediate General debility, Heart failure				How long	
		Are the name, age, sex, color, date and place correctly given above? Yes				Signature of Physician Geo. J. Darr M.D.	
						Address Rising Sun Md	
		Accident or Suicide?					

